



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/12/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NJD000632299
INSTALLATION NAME:	SUN CHEMICAL CORP-KOHL & MADDEN DIVISION
INSTALLATION ADDRESS :	500 INDUSTRIAL AVE TETERBORO, NJ 07608
MAILING ADDRESS :	500 INDUSTRIAL AVE TETERBORO, NJ 07608

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: SUN CHEMICAL CORP-KOHL & MADDEN DIVISION
or Current Occupant
ATTN: MICHAEL DECLARIO
500 INDUSTRIAL AVE
TETERBORO, NJ 07608**

VIA PHONE 05/31/06 (update)

DHL Exp. 286-4265
Call Javier Rantledge (973) 286-4265

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.		United States Environmental Protection Agency		ENVIRONMENTAL PROTECTION AGENCY REGION II 2006 MAY 30 PM 4:25 RCRA PROJECT BRANCH	
RCRA SUBTITLE C SITE IDENTIFICATION FORM					
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY		Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report			
2. Site EPA ID Number (page 14)		EPA ID Number <u>NJ, D, 000, 632, 299,</u>			
3. Site Name (page 14)		Name: <u>SUN CHEMICAL CORPORATION</u> <u>KOHL & MADDEN DIVISION</u>			
4. Site Location Information (page 14)		Street Address: <u>500 INDUSTRIAL AVENUE</u>		State: <u>NJ</u>	
		City, Town, or Village: <u>TETERBORO</u>		Zip Code: <u>07608</u>	
		County Name: <u>BERGEN</u>			
5. Site Land Type (page 14)		Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)		A. <u>325910</u>		B. <u> </u>	
		C. <u> </u>		D. <u> </u>	
7. Site Mailing Address (page 15)		Street or P. O. Box: <u>500 INDUSTRIAL AVENUE</u>			
		City, Town, or Village: <u>TETERBORO</u>			
		State: <u>NJ</u>			
		Country: <u>USA</u>		Zip Code: <u>07608</u>	
8. Site Contact Person (page 15)		First Name: <u>MICHAEL</u>		MI: <u> </u>	Last Name: <u>DECLARIO</u>
		Phone Number: <u>201-288-9505</u>		Extension: <u>7101</u>	Email address: <u> </u>
9. Operator and Legal Owner of the Site (pages 15 and 16)		A. Name of Site's Operator: <u>SUN CHEMICAL CORP, KOHL & MADDEN DIVISION</u>			Date Became Operator (mm/dd/yyyy): <u>1999</u>
		Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
		B. Name of Site's Legal Owner: <u>SUN CHEMICAL CORP, DIC ACQUISITION CORP.</u>			Date Became Owner (mm/dd/yyyy): <u>DEC. 1986</u>
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>35 WATERVIEW BOULEVARD</u>	
	City, Town, or Village: <u>PARSIPPANY</u>	
	State: <u>NJ</u>	Zip Code: <u>07054</u>
	Country: <u>USA</u>	

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☒ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008	D005	D007				

THIS EPAID IS BEING REQUESTED FOR A ONE-TIME GENERATION OF WASTE IN ASSOCIATION WITH A REMEDIATION PROJECT.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

(See instructions on page 21.)		
Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Michael DeClario	Michael DeClario - Site Manager	5/26/2006

Page 2 of 2

ENVIRON

ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2006 MAY 30 PM 4:25

RCRA PROGRAMS
BRANCH

May 26, 2006

United State Environmental Protection Agency
Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, NY 10007-1866

*Please rush
Thank you*

Re: Sun Chemical Corporation, Kohl & Madden Division
500 Industrial Avenue, Teterboro, New Jersey
RCRA Subtitle C Site Identification Form

Dear Sir or Madam:

Enclosed, please find a RCRA Subtitle C Site Identification Form for the above referenced site. This form is being submitted in order to request an EPA hazardous waste generator identification number for a one-time generation of a small amount of hazardous wastes (less than five drums) during an upcoming remediation project. Hazardous wastes are not typically generated by Kohl & Madden's on-site operations.

If you have any questions, please do not hesitate to contact me at 973-286-4265.

Sincerely,



Tavia Rutledge
Manager

TR:srh
21-14366A:PRIN_WP23702v1.DOC

Enclosure

cc: M. DeClario – Kohl & Madden

RCRARep Handler Detail Report

Report run on: May 31, 2006 11:35 AM

Facility Information

Name/ID, Location / Activity Location, GPRA	Dist	Notified	SNC	Regulated Activity
KOHL & MADDEN PRINTING INK - SUN CHEM.	N	OK		LG -----

NJ0000632299 500 INDUSTRIAL AVENUE, TETERBORO NJ

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

Activity Location

Handler Module Data for NJ State only

Other Site Name

05/06/00 State/EPA	SUN CHEMICAL CORP - GPI DIV
03/18/98 97 Biennial	SUN CHEMICAL CORP
03/01/96 95 Biennial	SUN CHEMICAL CORP.
03/01/94 93 Biennial	SUN CHEMICAL CORP
02/24/92 91 Biennial	SUN CHEMICAL CORP/GPI DIV.
03/26/90 89 Biennial	SUN CHEMICAL CORP/GPI DIV
11/19/80 Part A	SUN CHEMICAL CORP - GPI DIV

Location Address

07/29/04 03 Biennial	500 INDUSTRIAL AVENUE BERGEN TETERBORO, NJ 07608 Land Type: Private (P)	(NJ003)
05/06/00 State/EPA	500 INDUSTRIAL AVE BERGEN TETERBORO, NJ 07608 State District: NORTHERN Land Type: ()	(NJ003)
03/18/98 97 Biennial	500 INDUSTRIAL AVE BERGEN TETERBORO, NJ 076080000 State District: NORTHERN Land Type: U (U)	(NJ003)
03/01/96 95 Biennial	500 INDUSTRIAL AVE. BERGEN TETERBORO, NJ 076080000 State District: NORTHERN Land Type: U (U)	(NJ003)
03/01/94 93 Biennial	500 INDUSTRIAL AVE BERGEN TETERBORO, NJ 076080000 State District: NORTHERN Land Type: U (U)	(NJ003)
02/24/92 91 Biennial	500 INDUSTRIAL AVE. BERGEN TETERBORO, NJ 076080000 State District: NORTHERN Land Type: U (U)	(NJ003)
03/26/90 89 Biennial	500 INDUSTRIAL AVE	

RCRARep Handler Detail Report

NJD000632299

Report run on: May 31, 2006 11:35 AM

Location Address

	BERGEN	(NJ003)
	TETERBORO, NJ 07608	
	State District: NORTHERN	
	Land Type: U (U)	
11/19/80 Part A	500 INDUSTRIAL AVE	
	BERGEN	(NJ003)
	TETERBORO, NJ 07608	
	State District: NORTHERN	
	Land Type: ()	

North American Industrial Classification (NAICS)

07/29/04 03 Biennial	32591
03/18/98 97 Biennial	323110
03/01/96 95 Biennial	32591
03/01/94 93 Biennial	323119
02/24/92 91 Biennial	32591
03/26/90 89 Biennial	32591
11/19/80 Part A	32591

323110	Commercial Lithographic Printing
323119	Other Commercial Printing
32591	Printing Ink Manufacturing

Mailing Address

07/29/04 03 Biennial	500 INDUSTRIAL AVENUE
	TETERBORO, NJ 07608
05/06/00 State/EPA	500 INDUSTRIAL AVE
	TETERBORO, NJ 07608
03/18/98 97 Biennial	500 INDUSTRIAL AVE
	TETERBORO, NJ 076080000
03/01/96 95 Biennial	500 INDUSTRIAL AVE.
	TETERBORO, NJ 076080000
03/01/94 93 Biennial	500 INDUSTRIAL AVE
	TETERBORO, NJ 076080000
02/24/92 91 Biennial	500 INDUSTRIAL AVENUE
	TETERBORO, NJ 076080000
03/26/90 89 Biennial	500 INDUSTRIAL AVE
	TETERBORO, NJ 07608
11/19/80 Part A	500 INDUSTRIAL AVE
	TETERBORO, NJ 07608

Contact

07/29/04 03 Biennial	MICHAEL N DECLARIO
	Phone: (201)288-9500 7101
	eMail: MIKE.DECLARIO@KOHLMADDEN.COM
03/18/98 97 Biennial	ROBERT CAPITANI
	Phone: (973)288-9500
03/01/94 93 Biennial	ANDREW WAUSSERMAN
	Phone: (201)288-9500

RCRARep Handler Detail Report

NJD000632299

Report run on: May 31, 2006 11:35 AM

Contact

02/24/92 91 Biennial JOSEPH MESSERI
Phone: (201)288-9500
03/26/90 89 Biennial MARK SCHNEIDER
Phone: (201)288-9500
11/19/80 Part A PETER AITORO
500 INDUSTRIAL AVE
TETERBORO, NJ 07608
Phone: (201)933-4500

Legal Owner/Operator of Site

07/29/04 03 Biennial Current Owner from 11/01/1993 - D&B#: (Private)
SUN CHEMICAL CORPORATION
222 BRIDGE PLAZA SOUTH
FORT LEE, NJ 07024
07/29/04 03 Biennial Current Operator from 01/01/1994 - D&B#: (Private)
KOHL & MADDEN - DIVISION OF SUN CHEMICAL
11/19/80 Part A Current Operator from - D&B#: (Private)
SUN CHEMICAL CORP
200 PARK AVENUE - PAN AM BLDG
OPERCITY, NY 99999
Phone: (212)986-5500
08/11/80 Notification Current Owner from - D&B#: (Private)
DAINIPPON INKS & CHEMICAL CO OF JAPAN
200 PARK AVE - PAN AM BLDG
NEW YORK, NY 10166
Phone: (212)986-5500

Regulated Hazardous Waste Activities

07/29/04 03 Biennial
Federal Large Quantity Generator
No RCRA Transport
05/06/00 State/EPA
Federal Not a Generator
No RCRA Transport
03/18/98 97 Biennial
Federal Large Quantity Generator
03/01/96 95 Biennial
Federal Large Quantity Generator
03/01/94 93 Biennial
Federal Large Quantity Generator
02/24/92 91 Biennial
Federal Large Quantity Generator
03/26/90 89 Biennial
Federal Large Quantity Generator
11/19/80 Part A
Federal Not a Generator

NJD000632299

Regulated Hazardous Waste Activities

08/11/80 Notification

Federal Large Quantity Generator

Transporter of RCRA Hazardous Waste

Waste Codes

07/29/04	03 Biennial	D002							
11/19/80	Part A	D001	D002	D005	K086				
08/11/80	Notification	D000	D001	D002	D005	F002	F003	F005	K086
		P030	U002	U069	U220				

D000	DESCRIPTION
D001	IGNITABLE WASTE
D002	CORROSIVE WASTE
D005	BARIUM
F002	THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CHLORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRICHLOROETHANE
F003	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: XYLENE, ACETONE, ETHYL ACETATE, ETHYL BENZENE, ETHYL ETHER, METHYL ISOBUTYL KETONE, N-BUTYL ALCOHOL, CYCLOHEXANE
F005	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: TOLUENE, METHYL ETHYL KETONE, CARBON DISULFIDE, ISOBUTANOL, PYRIDINE, BENZENE, 2-ETHOXYETHANOL, AND 2-NITROETHYL ALCOHOL
K086	SOLVENT WASHES AND SLUDGES, CAUSTIC WASHES AND SLUDGES, OR WATER WASHES AND SLUDGES FROM CLEANING TUBS AND EQUIPMENT USED IN THE FORMULATION OF INK FORMULATIONS
P030	CYANIDES (SOLUBLE CYANIDE SALTS), NOT OTHERWISE SPECIFIED
U002	2-PROPANONE (I) (OR) ACETONE (I)
U069	1,2-BENZENEDICARBOXYLIC ACID, DIBUTYL ESTER (OR) DIBUTYL PHTHALATE
U220	BENZENE, METHYL- (OR) TOLUENE

Comments

Basic Notes:		EXTRACT_FLAG UPDATED OCT 2003 VIA SQL			
		EXTRACT_FLAG UPDATED OCT 2003 VIA SQL			
05/06/00	State/EPA	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
03/18/98	97 Biennial	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
03/01/96	95 Biennial	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
03/01/94	93 Biennial	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
02/24/92	91 Biennial	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
03/26/90	89 Biennial	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
11/19/80	Part A	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties
08/11/80	Notification	Update 10/03	to ensure Leg_Dist	is associated with correct	Counties

Certification

07/29/04	03 Biennial	SITE OPS MGR. MICHAEL N DECLARIO
		Signed: 07/29/04
03/18/98	97 Biennial	PLANT MNGR ROBERT F CAPITANI
		Signed: 03/18/98
03/01/96	95 Biennial	PLANT MANGER ROBERT CAPITANI
		Signed:
03/01/94	93 Biennial	Signed:

RCRARep Handler Detail Report

NJD000632299

Report run on: May 31, 2006 11:35 AM

Certification

02/24/92 91 Biennial OPERATIONS MGR JOSEPH MESSERI
Signed: 02/24/92
03/26/90 89 Biennial PLANT MANAGER MARK SCHNEIDER
Signed: 03/26/90

Biennial Reports Included/Excluded in Reports

07/29/04 03 Biennial Site's Biennial Report data included in 2003 BR National report.
03/18/98 97 Biennial Site probably included in 1997 BR National report.
03/01/96 95 Biennial Site probably included in 1995 BR National report.
03/01/94 93 Biennial Site probably included in 1993 BR National report.
02/24/92 91 Biennial Site probably included in 1991 BR National report.
03/26/90 89 Biennial Site probably included in 1989 BR National report.

Central Data Exchange (CDX) Transaction and Acknowledgement

05/06/00 State/EPA	CDX:	Acknowledged:	01/05/87
11/19/80 Part A	CDX:	Acknowledged:	01/05/87
08/11/80 Notification	CDX:	Acknowledged:	01/05/87

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

U.S. EPA
AGENCY RO II
00 NOV - 11 AM 1:06
HAZARDOUS WASTE
PROGRAMS DIVISION

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 000632299

Company Name: Sun Chemical Corp.

Site Address: 500 Industrial Ave Teterboro
(street) (city / town)
NJ 07608
(state) (zip code) (lot) (block)

Mailing Address: _____
(street / p.o. box) (city / town)

(state) (zip code)

Company Contact: _____
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- ☐ The EPA ID number was obtained for a one time cleanup which is completed.
- ☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).
- ☒ Other Facility Closed. Current occupant does not generate hazardous waste.

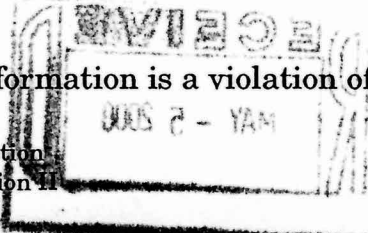
Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Michael Mariano [Signature]
(printed name) (signature)
Senior Env. Engineer, NJDEP 4/24/00
(title) (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant



Deact.
10-27-00
BB

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-229

GENERATOR INSPECTION REPORT

92 MAY -4 PM 3:52

FACILITY INFORMATION

PERMITS ADMINISTRATION
SEARCH

FACILITY NAME: Sun Chemical Corp.

FILE NUMBER: 02-62-01

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: M

INSPECTION DATE: 11-14-89

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: Generator/Land ban

RESPONSIBLE AGENCY CODE: NSDEP

INSPECTOR'S NAME: Jodie Stein / Boleslaw Czachor

INSPECTOR'S AGENCY: DHWM

INSPECTOR'S BUREAU: MF-0

EPA ID NUMBER: US000063229999

ADDRESS: 500 INDUSTRIAL Ave

Teterboro, NJ 07608

LOT: 5 BLOCK: 7

COUNTY: Bergen

FACILITY PERSONNEL: Mark Schneider

TELEPHONE #: _____

OTHER STATE/EPA PERSONNEL: Boleslaw Czachor

REPORT PREPARED BY: Jodie Stein

REVIEWED BY: Alterling

DATE OF REVIEW: 1/23/90

TIME IN: 9:00

TIME OUT: 4:00

PHOTOS TAKEN ☐ YES ☒ NO

IF YES, HOW MANY? N/A

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES N/A

NJDEP SAMPLE ID#: N/A

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 5

Number of manifests not in compliance —

List manifest document numbers of those manifests not in compliance.

-A1-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS:

On 11-14-89, I conducted a RCRA inspection at Sun Chemical Corp. in Feterboro N.J. With me on this inspection was Boleslaw Czachor from BME. The facility representative spoken to was Mark Schneider, plant manager.

Sun Chemical Corp. blends commercial printing inks for newspapers companies, and color inks used for the labeling market. The facility manufactures the inks according to customer specifications.

The facility uses solvents, substrates and pigments to make liquid and paste inks. They do this by using 3 roller mills, where pigment is broken down into particles, using a grinding method, and then wetting agents, such as oils are added. These pigments are then mixed in with solvents and powders. Vehicles, such as varnishes, are used in the labeling market, whereas carbon black is used for the newspaper industry. The roller mill process uses cooling H₂O, which is tested regularly and discharged into Berry Creek, permit

-A2-

SUMMARY OF FINDINGS

approx 100 gal daily
 FACILITY DESCRIPTION AND OPERATIONS (continued):

#N50033553 (Berry Creek runs behind the building)
 The mixers are located several places in the plant. One mixer, which mixed carbon black pigments, is located in a separate room, attached to a ventilation system (see permit #'s)*. Another mixer is located in the explosion-proof room. This mixer is cleaned by an ignitable solvent** thus remains in the explosion-proof room. This whole room has a ventilation system where the vapors are recovered from vents on the bottom of the room** non-contaminated air is pushed into room from vents located near the ceiling (see permit #'s)*. The pots used to hold inks for mixing are washed in a "Pot Washer" which uses hot H₂O and Caustic Soda^{at 160°} for cleaning. The inks are made in batches approx. 1000 lbs / batch and are dispensed to customers in large containers. If there is any leftover ink, or bad batches of ink, the majority of the time, the facility reuses it. Whatever inks... they CAN use ARE shipped

* Permit #'s.

④ N5047700

⑦ N5064825

⑩ N5077707

① N5066436

⑤ N5047702

⑧ N5065195

② N5068893

⑥ N5047704

⑨ N5065196

③ N5073794

** See Addendum

-A3-

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued): which is the facility used

off in 55 gal. drum by StW¹ When there are wastes generated, there are 3 waste streams:

- ① Liquid ink, ② Paste ink, & ③ Caustic Soda.

Within Sun Chemical Corp., is a R+D area. They do color matching in this area, and generate small quantities of ink batches. If the ink isn't useful, it is manifested ^{+ shipped in 55 gal drums.} This area also monitors

Q.C. for the major areas in the plant.

The facility tour found most areas to be in compliance, though general housekeeping of the H.W. storage area was poor, due to drums not being properly labeled, no accumulation start date, two drums not securely covered, one container was bulging, and no daily inspections were done. In the haz. waste storage area, as well as throughout the warehouse, there was no adequate aisle space.

Overall, the required documentation was in good order, with a few exceptions. There was no annual training review, nor any documented job description. Although the contingency plan was good, they didn't submit it to the local authorities or hospitals.

-47-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

In reviewing the manifests, one was found with a discrepancy.
Manifest # NSA 0535199, shipped on 2-6-89 to S+W Waste Inc. Skerway (TSD) stated that 63 of the 65 55 gal. drums did not exhibit the characteristics of ignitability & therefore should not have been classified as "D001". I questioned Mr. Schneider about it, & he said he was still waiting for a response from S+W as to what it should have been classified as.
I also inquired about a waste analysis profile sheet, but there was none available at that time.

With the above mentioned manifest discrepancy, as an exception, no referral to USEPA is necessary because the facility doesn't produce land disposal ^{regulated} waste.

** Addendum :

In addition to the above mentioned information, the following is also conclusive :

In reference to to page A2, where

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued):

the carbon black mixer vents are located, as well as the regular mixer vents, there is a large dust collecting system which is attached to these vents. This collecting system deposits the powders from these vents into 55-gallon drums, and is monitored and sent out as "pigment powders" hqz. waste, C18H19Aluminum + compounds, W.S.). In the explosion proof room, the vapors recovered from vents on the bottom of the room are discharged into outside air with a permit through air stacks. Also in this room is a mixer which is cleaned by ignitable solvents. These solvents are ethanol, n-propyl acetate, methanol, isopropanol, n-propanol, heptane, 1-propanol, alcohol, ammonia, diethylamine ethanol, propylene glycol monomethyl ether mixture these solvents are used only when needed, and their waste stream varies.

-B-

Describe the activities that result in the generation of hazardous waste.

DO01 or * ① Liquid ink - (inks + solvents)
 - varies * ② Paste ink - (ink sludge)
 DO02 ③ Caustic Soda

* Liquid & Paste is a description of the
consistency of their ink waste.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

33 - 55 gal drums - waste ink
 DO01.

2 - 55 gal drums - ignitable
 waste in explosion proof room - DO01

GENERAL

GENERAL CHECKLISTYES NO N/A

7:26-7.4(a)1

Does the Generator have an EPA ID number?

— — —

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

✓ — —

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

✓ — —

Is the waste hazardous?

✓ — —

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

✓ — —

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

✓ — —

7:26-7.4(a)4i

The generator's name, address and phone number.

✓ — —

7:26-7.4(a)4ii

The generator's EPA ID number.

✓ — —

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

✓ — —

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vi

The TSF's EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vii

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

✓ — —

7:26-7.4(a)4viii

Special handling instructions and any other information required on the form to be shipped by generator?

✓ — —

		YES	NO	N/A
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers - *drums*
- ☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
- ☐ Tanks (less than 90 days)
- ☐ Above ground
- ☐ Below ground
- ☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
- ☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than
90 days?
 ✓STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone). <i>33 steel drums 55 gal</i>	—	—	—
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking? <i>w/leak</i>	—	✓	—
	If no, describe the problem (include number of containers involved.) <i>2 container bulging out.</i>			
7:26-9.4(d)41	Are all containers securely closed except those in use? <i>2 containers not closed</i>	—	✓	—
7:26-9.4(d)4111	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	✓	—	—
7:26-9.4(d)41v	Are containerized hazardous wastes segregated in storage by waste type?	✓	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	—	✓	—
7:26-9.4(d)5	Is the container storage area inspected at least daily?	—	✓	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	—	—	✓
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	✓	—	—
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	—	✓	—

YES NO N/A

- 7:26-7.2(b) Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179) ☒ ☐ ☐
- Tanks (Less than 90 day storage) *not applicable*
- 7:26-9.3(b) Does the generator accumulate hazardous waste on-site in an above ground tank? ☐ ☐ ☒
- If yes, describe the tank(s):
 1) Capacity _____
 2) Shell thickness _____
 3) Material Construction _____
 4) Age of tank _____
- 7:26-9.3(b) Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less? ☐ ☐ ☐
- 7:26-9.3(b)1 Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department? ☐ ☐ ☐
- 7:26-9.3(b)4 Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage? ☐ ☐ ☐
- 7:26-9.3(b)5 Is each tank(s) rendered empty (1% or less remaining) every 90 days or less? ☐ ☐ ☐
- 7:26-9.3(b)6 Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility? ☐ ☐ ☐
- 7:26-9.3(b)8 If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part? ☐ ☐ ☐
- 7:26-10.5(c)1 Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)? ☐ ☐ ☐
- 7:26-10.5(c)2 Does the generator use appropriate controls and practices to prevent overfilling? ☐ ☐ ☒

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	—
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.			
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

- 7:26-10.5(d)41 If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter? 2
- 7:26-9.4(g)4 Personnel Training
- Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility? ✓
- 7:26-9.4(g)5 Has facility personnel taken part in an annual review of initial training? ✓
- 7:26-9.4(g)2 Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed? ✓
- Is there written documentation of the following:
- 7:26-9.4(g)6i Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job? ✓
- 7:26-9.4(g)6ii A written job description for each position related to hazardous waste management? ✓
- 7:26-9.4(g)6iii A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management? ✓
- 7:26-9.4(g)6iv Documentation of actual training or experience received by personnel? ✓
- 7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment? ✓

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-9.6(b)1

An internal communications or alarm system?

✓ — —

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓ — —

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓ — —

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?

✓ — —

7:26-9.6(c)

Is equipment tested and maintained?

✓ — —

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?

✓ — —

7:26-9.6(e)

Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

— ✓ —

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

✓ — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type waste handled on site:

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.

✓ — —

YES NO N/A

- 7:26-9.6(f)2 Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority? ☒ ☐ ☐
- 7:26-9.6(f)3 Agreements with emergency response contractors, and equipment supplies? ☒ ☐ ☐
- 7:26-9.6(f)4 Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility? ☐ ☒ ☐
- 7:26-9.6(f)5 Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually? *JOE CLARK* ☒ ☐ ☐
- 7:26-9.6(f)6 If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record. ☐ ☐ ☒
- 7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7? ☒ ☐ ☐
- 7:26-9.4(g)81 If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement? ☐ ☐ ☒
- 7:26-9.4(g)811 Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements? ☐ ☐ ☒
- If yes, did the owner operator provide those specific local officials with written approval of the exemption? ☐ ☐ ☒

YES NO N/A

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

☒ _ _ _

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

☒ _ _ _

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

☒ _ _ _

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

☒ _ _ _

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?




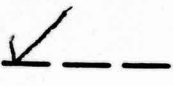
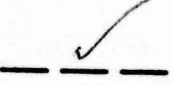

☒ _ _ _

7:26-9.7(e)

7
0 Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

☒ _ _ _

YES NO N/A

- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates? 
- 7:26-9.7(g) Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities? 
- 7:26-9.7(h) Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)? 
- 7:26-9.7(i) Is a copy of the contingency plan and all revisions to the plan:
1. Maintained at the facility; 
 2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)? 
- 7:26-9.7(k) Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures? 

SOLVENT IDENTIFICATION CHECKLIST

APPENDIX A-1

REAR 11-14-89

SUN CHEMICAL CORP

02-62-01

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

APPENDIX A-1

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1,1,2-trichloroethane	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ethyl acetate	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
cyclohexane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
methanol	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ☐ Yes ☒ No

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

☐ Yes ☒ No
☐ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

☒ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers?

☐ Yes ☒ No

If the answer is yes, list the constituents.

(b) Degreasing/cleaning?

☐ Yes ☒ No

If the answer is yes, list the constituents.

(c) Diluents?

☒ Yes ☐ No

If the answer is yes, list the constituents.

Toluene, methanol and ethyl acetate
are used to dissolve resins and
pigments so that uniform printing
paste is made.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(d) Extractants? _____ Yes ☒ No

If the answer is yes, list the constituents.

(e) Fabric scouring? _____ Yes ☒ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media? _____ Yes ☒ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. _____ Yes ☒ No

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5% methylene chloride
2% trichloroethylene
25% 1,1,1-trichloroethane
68% mineral spirits
100%

If the wastestream is a mixture containing a total of 10% or more by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33% acetone
16% methanol
51% ethyl ether
100%

If in light of the above, the handler appears to be generating F001-F005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

Inspector: JODIE STEIN
Address: 12 BABCOCK PL
W. ORANGE, N.J.
Telephone No: 201-669-3960

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

SUN CHEMICAL CORP. 500 INDUSTRIAL WAY
A. Handler Name B. Street (or other identifier)
TETERBORD, N.J. 07608 BERGEN
C. City D. State E. Zip Code F. County Name
MFG OF INKS
G. Nature of Business; Identification of Operations: SIC Code(s)
N/A 000632299
H. EPA ID #
MARK SCHNEIDER 201-288-9500
I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(1) F001, F002, F004, or F005 Yes ✓ No

(11) F003 Yes ✓ No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

Yes No

b. Source of the above: Form 8700-12 ✓; Part A
; Part B ; Biennial/Annual Reports
other (specify)

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: SUN CHEMICAL
ID Number: NP 000632299
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes *N/A*

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ☐ Yes ☐ No
(ii) F028 ☐ Yes ☐ No

[F-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification *N/A*

- a. Does the facility handle any of the following wastes?

(i) D002
(ii) D004 - D011

☒ Yes ☐ No
☐ Yes ☒ No

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halo-genated organic constituents (HOCs), metals, or cyanides?

☐ Yes ☒ No

[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code.

☐ Yes ☐ No

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]?

☐ Yes ☐ No*

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes?

☐ Yes ☐ No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

☐ Yes ☐ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records: N/A

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____. N/A

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

K086 - solvent washes

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes: NONE

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? _____ Yes _____ No N/A

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? _____ Yes _____ No* N/A

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____. N/A

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? _____ Yes X No
2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? _____ Yes _____ No* N/A

⌚ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

____ Yes ____ No* *N/A*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

____ Yes ____ No* *N/A*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(e)]?

☒ Yes ____ No*

- b. Does the facility handle K061 wastes?

____ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?

____ Yes ____ No* *N/A*

- c. Does the facility handle K101 or K102 wastes?

____ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

____ Yes ____ No* *N/A*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

____ Yes ☒ No

∴ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ☒ Yes ☐ No

- (i) List wastes for which "applied knowledge" was used:

K086

b. TCLP ☐ Yes ☒ No

- (i) List wastes for which "TCLP" was used:

- (ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ☐ Yes ☐ No

If yes, list: _____

c. Total waste analysis ☒ Yes ☐ No

- d. If files were retained, describe content and basis of applied knowledge determination:

MSDS, WPS,

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: N/A

Note which wastes were subjected to which tests: N/A

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) none

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(1) or §265.13(a)(3)(1)]? *N/A*
____ Yes ____ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: K086

List those that did not exceed standards: none

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
____ Yes* ____ ~~No~~

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite?
____ Yes ____ ~~No~~

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
____ Yes ____ No

If yes, TSDf checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ~~X~~ Yes ____ No*

(ii) Corresponding treatment standard?
~~X~~ Yes ____ No*

(iii) Manifest number? ~~X~~ Yes ____ No*

(iv) Waste analysis, if available?
~~X~~ Yes ____ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Identify offsite ^{disposal} treatment facilities S & W Waste Inc

Comments

- b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

N/A

- (i) EPA hazardous waste I.D. number? ☐ Yes ☐ No*
- (ii) Corresponding treatment standard? ☐ Yes ☐ No*
- (iii) Manifest number ☐ Yes ☐ No*
- (iii) Certification regarding waste and that it meets treatment standards? ☐ Yes ☐ No*

Identify land disposal facilities receiving the BDAT certified wastes _____

- c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

N/A

- (i) EPA Hazardous Waste Number? ☐ Yes ☐ No*
- (ii) Corresponding Treatment Standards? ☐ Yes ☐ No*
- (iii) All applicable prohibitions? ☐ Yes ☐ No*
- (iv) The manifest number? ☐ Yes ☐ No*
- (v) The date the wastes are subject to prohibitions? ☐ Yes ☐ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? ☐ Yes ☐ No*

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b)]:

N/A

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

N/A

- d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

N/A

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available? ☐ Yes ☐ No

- (i) Do the generator's records indicate that any soft-hammer wastes are destined for disposal in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)]? ☐ Yes ☐ No*

- A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- (v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? ☐ Yes ☒ No* } N/A
- (vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? ☐ Yes ☒ No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]?

☐ Yes ☒ No* } N/A

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes
(i.e., boilers, furnaces, distillation units, waste-water treatment tanks, etc.) } N/A

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ☐ Yes ☒ No

If yes, list type of treatment unit and processes

If yes, TSDF checklist must be completed.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

5th Fl., 401 E. State St., Trenton, N.J. 08625

2 BABCOCK PL. W. ORANGE, N.J. 07052

NOTICE OF VIOLATION

ID NO. NJ0000632299 DATE Nov. 14. 89
NAME OF FACILITY SUN CHEMICAL CORP
LOCATION OF FACILITY 500 INDUSTRIAL AVE, TETERBORO, N.J.
NAME OF OPERATOR MARK SCHNEIDER - PL. MGR

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION NJAC 7:26-9.3(p)3 - no accumulation start date
NJAC 7:26-9.4(g)5 - no annual review of training
NJAC 7:26-9.4(g)6(ii) - no written job description
NJAC 7:26-9.6(e) - inadequate workspace at the facility
NJAC 7:26-9.6(f)4 - failing to familiarize local hospitals
NJAC 7:26-9.7(i) - failing to submit the contingency plan to the local authorities

Remedial action to correct these violations must be initiated immediately and be completed by

Dec. 05. 89. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Joseph M. Sten
Investigator, Division of Waste Management
Department of Environmental Protection

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

5th Fl., 401 E. State St., Trenton, N.J. 08625

2 BABCOCK PL. W. ORANGE, N.J. 07052

NOTICE OF VIOLATION

2/2

ID NO. NJ000632299 DATE Nov. 14. 89
NAME OF FACILITY SUN CHEMICAL CORP.
LOCATION OF FACILITY 500 INDUSTRIAL AVE, TEETERBORO, N.J.
NAME OF OPERATOR MARK SCHNEIDER - PL. MGR

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION N.J.A.C. 7:26-9.4(d)2 - one container in
bad condition (dent and bulging up)
N.J.A.C. 7:26-9.4(d)4i - failing to securely close the hor.
waste containers (two containers).
N.J.A.C. 7:26-9.4(d)4ii - failing to arrange the hor. waste
containers so that hor. waste label is visible
N.J.A.C. 7:26-9.4(d)5 - no daily inspections of cont.
storage area

Remedial action to correct these violations must be initiated immediately and be completed by

Dec. 05. 89. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Joel M. Stein
Investigator, Division of Waste Management
Department of Environmental Protection

MEMO

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO: MPO file thru Jeff Sterling (MTH) DATE 1-23-90

FROM: Josie H. Stein

SUBJECT: Sun Chemical Corp.

It follow-up inspection was conducted

on 1-5-90 to determine compliance with the

U.S. Reg. Waste mgmt. regulations which were

not in compliance during the initial visit

on 11-14-89. My findings were as follows:

7:26-9:41(d)2 -- One container in lead condition;

Facility has removed the container and is

thereof in compliance

7:26-9:41(d)4 -- Failing to securely close Reg. waste

containers.

Facility has properly achieved compliance

7:26-9:41(d)4v - failing to arrange the Reg. waste

containers so that Reg. waste label

is visible.

Facility has rearranged their containers

and thus achieved compliance.

7:26-9:41(d)5 - No daily inspection of containers

Storage area

Facility provided a log, dated 11-14-89

of daily inspection of Reg. waste storage

area, this achieving compliance.

7:26-9:31(a)3 - no accumulation at site

- Facility has put accumulation at site

on level, thereby achieving compliance.

MEMO

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO: MFO File # 44- Jeff Sterling DATE 1-23-90

FROM: Sodie H. Stein

SUBJECT: Sun Chemical Corp.

7:26-9:41(5) 5 - no annual notice of training.
 - The facility has arranged a proper
 way waste tracking program, and training
 arrangement have been scheduled, thus
 facility is in compliance.

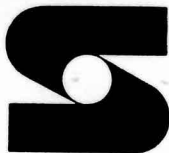
7:26-9:41(9) 6!! - no written yet description.
 - The personnel dept. has made up yet
 descriptions for each individual, representative
 these handling key assets. They are, facility
 has achieved compliance.

7:26-9:41(6) - no adequate aisle space.
 - The facility has rearranged all containers
 so there is 18" between aisles, thus you
 achieving compliance.

7:26-9:41(5) 4 - failing to familiarize local hosp
 to local authorities.
 - facility has sent me receipts that the
 hospital and local authorities received
 the above mentioned information.

Out of these negotiations were determined to be
 in compliance and no additional improvement
 is needed

Sun Chemical Corporation



General Printing Ink Division

135 West Lake Street
Northlake,
Illinois 60164
(312) 562-0550
Telex: 72-1542

December 22, 1986

Department of Environmental Protection
Division of Waste Management
32 East Hanover Street
P.O. Box C-N028
Trenton, N.J. 08601

12/31/86

Ownership change

Gentlemen:

Re: Notice of Change in Ownership

This letter should serve as notice for change of ownership of
Sun Chemical Corporation General Printing Ink Company located at
500 Industrial Ave.
Teterboro, NJ 07608, EPA ID# NJD000632299.

Further, the location, operation and name will stay the same
although the parent company will be Dainippon Inks and Chemical
Company of Japan.

Should you require additional information, please advise this
office directly.

Sincerely,

SUN CHEMICAL CORPORATION

Gary M. Andrzejewski
GPI Divisional Manager
Safety, Health & Environmental Control

cc: U.S. Environmental Protection Agency
Hazardous Waste Division
26 Federal Plaza
New York, N.Y. 10278

FEB 23 1983

Mr. William Griffin
Plant Manager
Sun Chemical Corporation
500 Industrial Avenue
Teterboro, N.J. 07608

Subject: Change of Status
EPA ID NJD000632299

Dear Mr. Griffin:

This is to confirm that the changes requested by Gary M. Andrzewski in his letter of October 25, 1982 have been made. Your facility is no longer listed in our records as a treater, storer and/or disposer of hazardous waste. You remain listed as both a generator and transporter.

If you have any questions on this matter, please contact Mr. John Hajduk of my staff at (212) 264-9880.

Sincerely yours,

Richard A. Baker
Chief
Permits Administration Branch
Office of Policy & Management

cc: Mr. Frank Coolick, NJDEP

2PM-PA:HAJDUK:Z9880:av:2/18/83

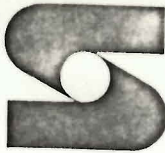
2PM-PA	2PM-PA	2PM-PA
HAJDUK	ZAMBRATTO	BAKER

94 2/23/83

ZAMBRATTO
2-23-83

2/23/83

Sun Chemical Corporation



General Printing Ink Division

PERMITS ADMIN. BRANCH
REGION II

JAN 28 11 03 AM '83

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

500 Industrial Avenue
Teterboro,
New Jersey 07608
(201) 288-9500
(212) 695-3858

January 25, 1983

*Ch file
for ack ltr*
Mr. Frank Coolick
Bureau of Hazardous Waste
32 East Hanover Street
Trenton, New Jersey 07625

Dear Mr. Coolick:

Per my conversation with a gentlemen from the N.J. Bureau of Hazardous Waste Division named Patel, I am enclosing a copy of the letter directed to the U.S. E.P.A., dated October 25, 1982. In that letter we requested to be delisted as a Treatment, Storage, and Disposal facility, because our operation does not reflect this designation.

I was also asked to send a copy to the U.S. E.P.A., Permit Administration Branch located at 26 Federal Plaza in New York.

The call I received asking for these records to be sent was in response to my filing the annual T.S.D. facility report, after I had received a notice of violation.

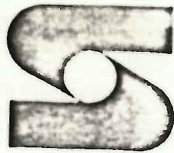
Sincerely yours,

SUN CHEMICAL CORPORATION
General Printing Ink Division

William Griffin
Plant Manager

WG:slb

cc: J. Del Pizzo
G. Andrzewski

U.S. Environmental Protection Agency
EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

October 25, 1982

Subject: RCRA Status Change

TO WHOM IT MAY CONCERN:

In August of 1980, Sun Chemical Corporation had filed under the Resource Conservation Recovery Act as a Treatment, Storage and Disposal Facility for the following plant location:

Sun Chemical Corporation
General Printing Ink Division
500 Industrial Avenue
Teterboro, NJ 07608
(County) Bergen

EPA No. NJD-000-532-299

1. Has the above mentioned facility stored Hazardous Waste since the promulgation of the Resource Conservation Recovery Act ?
2. Has the above mentioned facility generated more than 2,200 pounds or 1,000 Kilos per month of Hazardous Waste ?

Yes No
 XX

Therefore, we are requesting a Status Change to a

X Generator or Small Quantity Generator

and will dispose of our waste in the 90 DAY TIME LIMIT which starts when accumulation reaches 2,200 pounds.

Your expeditious response will be greatly appreciated. Should you have any further questions, please do not hesitate to contact my office.

Sincerely,


Gary M. Andrzejewski

GPI Division Manager

Safety, Health & Environmental Control

GMA:b





State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON
DIRECTOR

July 29, 1983

LINO F. PEREIRA
DEPUTY DIRECTOR

Mr. Gary M. Andrzejewski
GPI Division Manager
Sun Chemical Corporation
General Printing Ink Division
135 West Lake Street
Northlake, Illinois 60164

RE: Status of Sun Chemical Corporation, GPI Division, Teterboro,
New Jersey 07608 as a TSD Facility - EPA ID NO. NJD000632299

Dear Mr. Andrzejewski:

This letter is in response to:

1. Your submittal to the USEPA dated October 25, 1982; and
2. Submittals addressed to the Bureau of Hazardous Waste Engineering of the NJDEP by Mr. William Griffin, Plant Manager of your Teterboro, New Jersey facility dated January 20, 1983 and January 25, 1983.

In these submittals, it was stated that your company does not treat, store or dispose of hazardous waste at the above referenced facility and, therefore, requests declassification as a TSD facility while retaining Generator only status. The declassification request was also discussed by you and Mr. B. Esterman of my staff in a telephone conversation on July 22, 1983.

Sun Chemical Corporation, Teterboro, New Jersey filed with the USEPA for containerized/drummed hazardous waste activity (S01) at 6000 gallons and tank treatment hazardous waste activity (T01) at 2000 gallons per day. Based on the above mentioned submittals and telephone conversation, this Bureau has concluded regarding your RCRA Part A application that:

1. The S01 process listed was filed only to reflect the storage of hazardous waste in drums for a period of ninety (90) days or less prior to disposal.
2. The T01 process listed was inappropriately filed as there is no hazardous waste treatment done in tanks at the Teterboro, New Jersey facility.

July 29, 1983

If this interpretation is incorrect, please notify this Bureau immediately.

Assuming that this interpretation is correct, this Bureau has concluded that your facility which is identified by the following EPA ID Number:

EPA ID NO. NJD000632299

has been excluded from regulations under N.J.A.C. 7:26-1 et seq. because your facility:

1. Accumulates hazardous waste in drums for a period of ninety (90) days or less.
2. Never implemented and does not plan to implement the T01 process filed for in the Part A application.

This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

Gary M. Andrzejewski

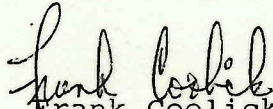
-3-

July 29, 1983

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call Mr. Ben Esterman of my staff at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous
Waste Engineering

FC:BE:jb

c: Dave Shotwell
NJDEP, DWM, BCE

Joel Golumbek
USEPA, Region II

Dr. Dave Leu
NJDEP, DWM, BHWCM

Mr. William Griffin
Plant Manager
Sun Chemical Corporation

Sun Chemical Corporation



General Printing Ink Division

135 West Lake Street
Northlake,
Illinois 60164
(312) 562-0550
Telex: 72-1542

October 25, 1982

U.S. Environmental Protection Agency
EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Subject: RCRA Status Change

TO WHOM IT MAY CONCERN:

In August of 1980, Sun Chemical Corporation had filed under the Resource Conservation Recovery Act as a Treatment, Storage and Disposal Facility for the following plant location:

Sun Chemical Corporation
General Printing Ink Division
500 Industrial Avenue
Teterboro, NJ 07608
(County) Bergen

EPA No. NJD-000-632-299

- | | | | |
|----|---|-------------|-------------|
| 1. | Has the above mentioned facility stored Hazardous Waste since the promulgation of the Resource Conservation Recovery Act? | Yes | No |
| | | _____ | _____X_____ |
| 2. | Has the above mentioned facility generated more than 2,200 pounds or 1,000 Kilos per month of Hazardous Waste? | X | _____ |
| | | _____X_____ | _____ |


Therefore, we are requesting a Status Change to a

X Generator or _____ Small Quantity Generator

and will dispose of our waste in the 90 DAY TIME LIMIT which starts when accumulation reaches 2,200 pounds.

Your expeditious response will be greatly appreciated. Should you have any further questions, please do not hesitate to contact my office.

Sincerely,


Gary M. Andrzejewski

GPI Division Manager

Safety, Health & Environmental Control

GMA:b

Sol E Tol
m Port A -

PERMITS
NOV 8 12 46 PM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

delete
C119, 1105, 1103
date

GH
Huron
12/15/82

Name of Facility - Sun chemical corp

RCRA ID - NJD000632299

Date of inspection - 6-9-82

Type of inspection:

Name of EPA/State Inspector - Rob Donte / NJDEP

Transporter

Generator

ISD

Findings of Inspection: The drums observed on site were not labeled or dated also the facility was in violation of 265.15 (ii)

Action(s) Taken: NONE

Action(s) Recommended: N.O.V for above violations.

NEW YORK, N.Y. 10007
ENVIRONMENTAL PROTECTION
AGENCY
JUL 20 2 05 PM '82
RECEIVED

PERMITS SECTION
 REGION 2
 JUL 20 2 45 PM '82
 ENVIRONMENTAL PROTECTION
 AGENCY
 NEW YORK, N.Y. 10007
 RCRA GENERATOR INSPECTION FORM

COMPANY NAME: Sun Chemical Corp
 COMPANY ADDRESS: 500 Industrial Ave
Teterboro
 COMPANY CONTACT OR OFFICIAL: Bill Griffin
 TITLE: Plant Manager
 STATE: NY
 CHECK IF FACILITY IS ALSO A TSD FACILITY: III
 INSPECTOR'S NAME: Bob Dante
 BRANCH/ORGANIZATION: NY DEP
 DATE OF INSPECTION: 6-9-82

YES
 NO
 DON'T KNOW

(1) Is there reason to believe that the facility has hazardous waste on site?
 a. If yes, what leads you to believe it is hazardous waste?
 Check appropriate box:

- ☒ Company admits that its waste is hazardous during the inspection.
- ☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.
- ☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)
- ☒ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)
- ☒ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)
- ☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (Please attach analysis report)
- ☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES ☐ NO ☐ DON'T KNOW ☐

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.
1. 3-55 gallon drums DAPMS
 2. 3-solvent based ink 55 gal.
 3. 5-drum polyester based ink
 - d. Describe the activities that result in the generation of hazardous waste.
- 1,2,3 generated from making a bad batch of inks.

(2) Is hazardous waste stored on site?

- a. What is the longest period that it has been accumulated?
- b. Is the date when drums were placed in storage marked on each drum?

(3) Has hazardous waste been shipped from this facility since November 19, 1980?

a. If "yes," approximately how many shipments were made?

(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

b. If "no" or "don't know," please elaborate.

YES
NO
DON'T KNOW

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number
- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:
- a description of the wastes (DOT)
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

Two shipments back in 81 were to Barent in Peterson

(5) Were there any hazardous wastes stored on site at the time of the inspection?

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secured?

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labeled?

d. Do any containers appear to be leaking?

e. If "yes," approximately how many?

(5) General comments.

a. If "no," have Exception Reports been submitted to EPA covering these shipments?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago?

a. How do you know?

(6) Has the generator submitted an annual report to EPA covering the previous calendar year?



-17-

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: Sun Chemical Corp

EPA I.D.: NT D000632299

Transporter Address: 500 Industrial Ave
Teterboro

Driver: No Driver Present

- | | <u>Yes</u> | <u>No</u> |
|--|---|---|
| 1. Does the transporter have an EPA I.D. number? | (<input checked="" type="checkbox"/>) | () |
| 2. Is the transporter carrying hazardous waste? | () | (<input checked="" type="checkbox"/>) |
| 3. Does the transporter have a manifest? | () | () |
| 4. Does the manifest show the following information: | | |
| a. Name, address, I.D. of generator | () | () |
| b. Name, address, I.D. of transporter | () | () |
| c. Name, address, I.D. of designated facility | () | () |
| d. Name of alternative facility | () | () |
| e. DOT waste description | () | () |
| f. Quantity of waste-volume, weight,
number of containers | () | () |
| g. Signed certification statement | () | () |
| 5. Does the manifest information confirm vehicle load? | () | () |
| 6. Is the vehicle placarded for hazardous waste? | () | () |
| 7. General comments: | | |

No waste has been hauled at this time

Inspected by: Bob Dante
Date: 6-9-86

☐ OTHER

INSPECTOR'S NAME: Bob Dante

DATE OF INSPECTION: 6-9-82

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE:

PERMITS & COMPLIANCE
REGION II
JUL 20 2 15 PM '82
NEW YORK, N.Y. 10001
ENVIRONMENTAL PROTECTION
AGENCY

(1) Is there reason to believe that the facility has hazardous waste on site? yes

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☒ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T
KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— ☒ —

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

3-55 gallon drums varnish
3-55 gal drum based ink
5- drums polyester based ink 55 gal

(2) Does the facility generate hazardous waste?

— ☒ —

(3) Does the facility transport hazardous waste?

— ☒ —

(4) Does the facility treat, store or dispose of hazardous waste?

— ☒ —

- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

They have all of the above

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. see above

- *(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? NA

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. — ✓ —

- b. Do you believe that operation of this facility may affect groundwater quality? — ✓ —

- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? NA — —

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? — — —

- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate)

approx 10 of waste generated
(11-80 to 12-80) could not be checked

- c. Does each manifest (or a representative sample) have the following information?

- a manifest document number — ✓ —

c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? ☒ — —

(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27) ☒ — —

3-55 gal drums

a. If "YES", what are the approximate quantities? ☒ — —

b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste? ☒ — —

c. If "YES", explain stored in sealed drums ☒ — —

d. In your opinion, are proper precautions taken so that these wastes do not:

- generate extreme heat or pressure, fire or explosion, or violent reaction? ☒ — —

- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health? ☒ — —

- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? ☒ — —

- damage the structural integrity of the device or facility containing the waste? ☒ — —

- threaten human health or the environment? ☒ — —

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? No

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

- a DOT description of the wastes

- the total quantity of each hazardous waste by units of weight or volume; and the type and number of containers as loaded into or onto the transport vehicle

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?

(You may check more than one)

Waste characteristics vary

All wastes are basically the same

Company treats all waste as hazardous

Don't Know

b. Does hazardous waste come to this facility from off-site sources?

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?

(12) INSPECTIONS (§265.15)

a. Does the facility have a written inspection schedule? *visual check*

b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?

c. Does the owner/operator record inspections in a log?

d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.

personnel in jobs related to hazardous waste management? ☒ ☐ ☐

- actual training or experience received by personnel? ☒ ☐ ☐

- (14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? ☒ ☐ ☐
(\$265.51)

-a. Does the plan describe arrangements made with local authorities? ☒ ☐ ☐

b. Has the contingency plan been submitted to local authorities? ☒ ☐ ☐

How do you know?

Mr. Griffin Told me

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ☒ ☐ ☐

d. Does the plan have a list of what emergency equipment is available? ☒ ☐ ☐

e. Is there a provision for evacuating facility personnel? ☒ ☐ ☐

f. Was an Emergency Coordinator present or on call at the time of the inspection? ☒ ☐ ☐

- (15) Does the owner/operator keep a written operating record with: (\$265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? NA ☐ ☐

- location and quantity of each waste? NA ☐ ☐

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? NA ☐ ☐

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? NA ☐ ☐

- * (16) Does the facility have written closure and post-closure plans? (\$265.110) ☒ ☐ ☐

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? NA ☐ ☐

the anticipated date when wastes will no longer be received and when final closure will be completed?

NA

b. What is the anticipated date for final closure?

NA

tc. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?

NA

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure?

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

- the name, address and phone number of a person or office to contact during post-closure?

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?

 ✓

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)

NA

NA

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

Surface Impoundment p. 8 Surface Impoundment pp. 8-9 Land Treatment pp. 9, 10

Container p. 7

Incineration pp. 12-13

Surface Impoundment p. 8

Tank, above ground p. 8 Thermal Treatment pp. 12-13

Tank, below ground p. 8 Land Treatment pp. 9-10

Other _____

Other _____

Chemical, Physical p. 13
and Biological
Treatment (other than
in tanks, surface impound-
ment or land treatment
facilities)

YES

NO

DON'T
KNOW

Other _____

CONTAINERS (\$265.170)

1. Are there any leaking containers?
If "YES", explain.

— ☒ —

2. Are there any containers which appear in danger
of leaking?
If "YES", explain.

— ☒ —

3. Do wastes appear compatible with container
materials?

☒ — —

4. Are all containers closed except those in use?

☒ — —

5. Do containers appear to be opened, handled
or stored in a manner which may rupture the
containers or cause them to leak?

— ☒ —

6. How often does the plant manager claim to inspect
container storage areas?

daily

7. Does it appear that incompatible wastes are being
stored in close proximity to one another?
If "YES", explain.

— ☒ —

8. Are containers holding ignitable or reactive
wastes located at least 15 meters (50 feet) from
the facility's property line?

☒ — —

9. What is the approximate number and size of
containers with hazardous wastes?

11, 55 gallon drums

If "YES", explain.

3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail?
If "YES", explain.

4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?

5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?

6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank?
If "YES", explain.

7. How often does the plant manager claim to inspect container storage areas?

8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?
If "YES", explain.

9. What is the approximate number and size of tanks containing hazardous wastes?

SURFACE IMPOUNDMENTS (\$265.220)

1. Is there at least 2 feet of freeboard in the impoundment?

2. Do all earthen dikes have a protective cover to preserve their structural integrity?
If "YES", specify type of covering.

3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment?
If "YES", explain.

any deterioration in the impoundments?
If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?
a. Does it appear to need such protection?
b. Explain what type of protection exists.
2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.
3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.
a. Is the pile placed on an impermeable base that is compatible with the waste?
b. Is the pile protected from precipitation and run-on?
4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil?
Please explain.

- the exact location and dimensions of each cell _____
- the contents of each cell and approximate location of each hazardous waste type _____
- 5. Do the closure and post-closure plans address:
 - control of pollutant migration via ground water? _____
 - control of surface water infiltration? _____
 - prevention of erosion? _____
- 6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know. _____
- 7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If "NO", explain. _____
- 8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES",
 - a. Does the landfill have a liner which is chemically and physically resistant to the added liquid? _____
 - b. Is the waste treated and stabilized so that free liquids are no longer present? _____
- *9. Are containers holding liquid waste or waste containing free liquids placed in the landfill? _____
- 10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills? _____

If so, are they crushed flat, shredded or similarly reduced in volume before they are buried? _____
- 11. What is the approximate area of the hazardous waste landfill? _____

* Effective date for this requirement is November 19, 1981.

a. If YES, can the facility operator document that arsenic, lead and mercury:

- will not be transferred to the crop or ingested by food chain animals or
- will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils.

b. Has notification of the growing of the food chain crops been made to the Regional Administrator?

5. Is there a written and implemented plan for unsaturated zone monitoring?

6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility?

7. Do the closure and post-closure plans address:

a. control of migration of hazardous wastes into the groundwater?

b. control of run-off, release of airborne particulate contaminants?

c. compliance with requirements for the growth of food-chain crops (if they are present)?

8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain.

9. Are incompatible wastes placed in the same land treatment area? If "YES", explain.

10. What is the area of the land receiving hazardous waste treatment?

LANDFILLS (\$265.300)

†1. Is run-on diverted away from the active portions of the landfill?

†2. Is run-off from active portions of the landfill collected?

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

2. Was hazardous waste being incinerated or thermally treated during your inspection?
If "YES", answer all following questions.
If "NO", answer only questions 3 and 7.

3. Has waste analysis been performed (and written records kept) to include:

- heating value of the waste
- halogen content
- sulfur content
- concentration of lead
- concentration of mercury

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here ☐.

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?

5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:

- waste feed
- auxiliary fuel feed
- air flow
- incinerator temperature
- scrubber flow
- scrubber pH
- relevant level controls

- Every hour for:

- stack plume (color and opacity)

5. Is there open burning of hazardous waste?

6. Does the incinerator appear to be operating properly? (Do emergency shutdown controls and system alarms seem to be in good working order?) Please explain.

YES NO DON'T
KNOW

a. Is there any evidence of fugitive emissions?

7. Is the residue from the incinerator treated by the owner as a hazardous waste? Please explain.

8. What types of air pollution control devices (if any) are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any signs of ruptures, leaks, or corrosion? Please explain.

2. Is there a means to stop the inflow of continuously-fed hazardous wastes?

3. Is there ignitable or reactive waste fed into the treatment system?

If "YES", has it been treated or protected from any material or conditions which may cause it to ignite or react? If so, explain how.

Are the incompatible wastes placed in the same treatment process? If "YES", explain.

5. Describe the treatment system at this facility.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

9J0000632299

INSTALLATION ADDRESS

**SUN CHEMICAL CORPORATION - GPT DIV
500 INDUSTRIAL AVENUE
TETERBORO NJ 07608**

**500 INDUSTRIAL AVENUE
TETERBORO NJ 07608**

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F NJD0006322993D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	SUN CHEMICAL CORP - GPI DIVISION
---	------	----------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	AITORO PETER - SAF/HEALTH MGR	201	933 4500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	500 INDUSTRIAL AVENUE	4	TETERBORO	NJ	07608

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	500 INDUSTRIAL AVENUE	BERGEN	6	TETERBORO	NJ	07608		

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 2893 (specify) 2893										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
8 SUN CHEMICAL CORP															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) 56															A 212 986 5500				
S = STATE O = OTHER (specify)															15 16 18 19 21 22 23				
E. STREET OR P.O. BOX																			
200 PARK AVENUE - PAN AM BLDG																			
F. CITY OR TOWN										G. STATE		H. ZIP CODE			IX. INDIAN LAND				
B NEW YORK										NY		10166			Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AND DISTRIBUTION OF PRINTING INKS

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Daniel J. Carlick Vice President, Technical Mgr.										Daniel J. Carlick										11/11/80									

COMMENTS FOR OFFICIAL USE ONLY

C														
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

5 F N J D 0 0 0 6 3 2 2 9 9 3 1
1 2 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED
DATE RECEIVED
(yr., mo., & day)
8 0 1 1 1 9
23 24 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C 8 YR. 80 MO. 01 DAY 01
15 73 74 75 76 77 78
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

71 YR. MO. DAY
73 74 75 76 77 78
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF
MEASURE
CODE

UNIT OF MEASURE

UNIT OF
MEASURE
CODE

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)			1. AMOUNT	2. UNIT OF MEAS- URE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	6000000	G	7			
2	T 0 1	2000000	U	8			
3				9			
4				10			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N J D 0 0 0 6 3 2 2 9 9 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
EN NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	K086	36000000	P	501	T01																				
2	D002																								
3	D005																								
4	K086	24000000	P	501																					
5	D001																								
6	D005																								
7																									
8																									
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23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

F6: $\frac{A}{55}$ F6: $\frac{A}{56}$

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	0	0	6	3	2	2	9	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	5	1	1	3	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	7	4	0	4	0	5	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Daniel J. Carlick

B. SIGNATURE

Daniel J. Carlick

C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

C																
C																
15 16																
INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)				
F NJD000632299 21												800811				
1 2										13 14 15		16		17 18 19 20 21 22		

I. NAME OF INSTALLATION

SUN CHEMICAL CORPORATION - GPI DIV

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3500 INDUSTRIAL AVENUE

CITY OR TOWN

TETERBORO

ST.

ZIP CODE

NJ 07608

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME 500 INDUSTRIAL AVENUE

CITY OR TOWN

TETERBORO

ST.

ZIP CODE

NJ 07608

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

AITORO PETER SAF/HEALTH MGR

PHONE NO. (area code & no.)

201-933-1500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SUN CHEMICAL CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W	N	J	D	0	0	6	3	2	2	9	9	2	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002 23 - 26	2 F003 23 - 26	3 F005 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K086 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P030 23 - 26	32 U069 23 - 26	33 U220 23 - 26	34 U002 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE
(D001)☒ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

J. Rosenbaum

I. ROSENBAUM
BRANCH MANAGER

5/7/80

DATE RETURNED _____

REASON _____

☐ ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST

ID # NJD000632299

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐

Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(1) NON-NOTIFIER ☐

D. (2) NOTIFIED after AUGUST 18, 1980 ☐

Valid ☐

E. (1) FORM 1, ~~XIII~~ B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER NJ D 0006322993D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	SUN	CHEMICAL	CORP	-	GPI	DIVISION
---	------	-----	----------	------	---	-----	----------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)																															
2	A	I	T	O	R	O	P	E	T	E	R	-	S	A	F	/	H	E	A	L	T	H	M	G	R	2	0	1	9	3	3	4	5	0	0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	500 INDUSTRIAL AVENUE	4	TETERBORO	NJ	07608

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	500 INDUSTRIAL AVENUE	6	BERGEN	7	TETERBORO	NJ	07608	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
7	2	8	9	3	(specify)					2893	7					(specify)				
C. THIRD										D. FOURTH										
7					(specify)					7					(specify)					

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?																			
8 SUN CHEMICAL CORP															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)																			
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)					A					212					986					5500				
S = STATE					O = OTHER (specify)																													
P = PRIVATE																																		
E. STREET OR P.O. BOX																																		
200 PARK AVENUE - PAN AM BLDG																																		
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B NEW YORK															NY					10166					Is the facility located on Indian lands?									
																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N									9	P								
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U									9									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R									9									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AND DISTRIBUTION OF PRINTING INKS

F9: A
51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Daniel J. Carlick Vice President, Technical Mgr.		Daniel J. Carlick		11/11/80	

COMMENTS FOR OFFICIAL USE ONLY

C														

FORM 3
RCRA
U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
NJ D000063229931

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	801119	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			2. NEW FACILITY (Complete item below.)		
YR.	MO.	DAY	YR.	MO.	DAY
80	01	01			

B. REVISED APPLICATION (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS		2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
				T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
				T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	6000000	G	7			
2	T 0 1	2000000	U	8			
3				9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W NJD0000632299 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO. (enter code)	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
	23	24	25	26		27	28	29	30	31	32	33	34												
1	K	0	8	6	36000000	P	5	0	1	T	0	1													
2	D	0	0	2									INCLUDED WITH ABOVE												
3	D	0	0	5									INCLUDED WITH ABOVE												
4	K	0	8	6	24000000	P	5	0	1																
5	D	0	0	1									INCLUDED WITH ABOVE												
6	D	0	0	5									INCLUDED WITH ABOVE												
7																									
8																									
9																									
10																									
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21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**FG: $\frac{A}{55}$ FG: $\frac{A}{56}$

EPA I.D. NO. (enter from page 1)

S	T/A	C
F	N	J
0	0	0
0	6	3
2	2	9
9	3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 51 130

LONGITUDE (degrees, minutes, & seconds)

074 04 050

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
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IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Daniel J. Carlick

B. SIGNATURE

Daniel J. Carlick

C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





SUN Chemical Corporation
General Building Ink Division

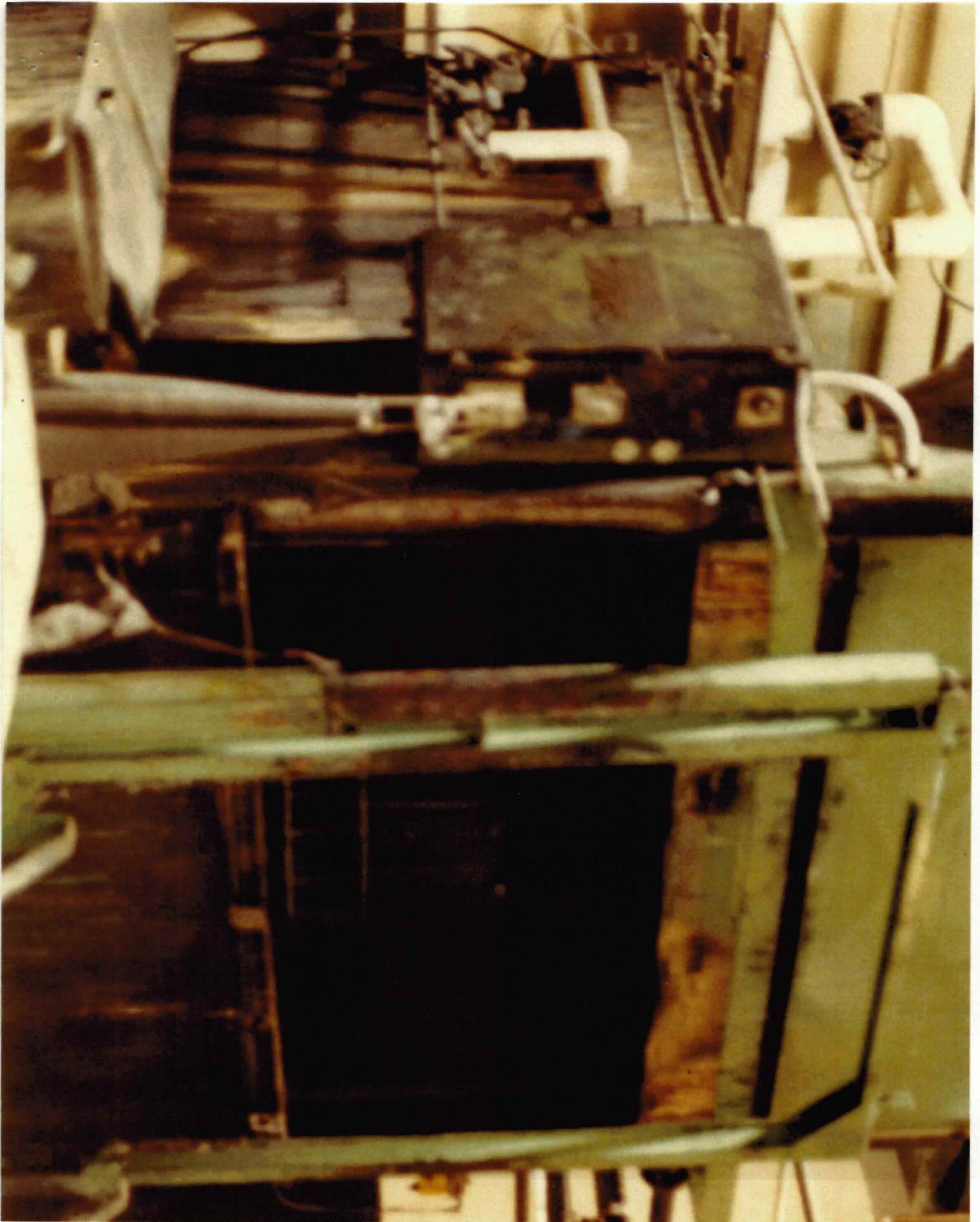




Sun Chemical Corporation
General Building Inc. Division









UNION CHEMICAL CORPORATION
GENERAL PRINTING INK DIVISION
ENGINEERING DEPT.
NORTHLAKE, ILLINOIS 60164

PLANT LAYOUT

[illegible]

DRAWN BY J. B. Sweda SCALE 1/4" = 1' 0"

DATE	4/10/78
CHECKED BY	

APPROVED BY	PROJ. NO.
-------------	-----------

THE UNIVERSITY OF CHICAGO

FACILITY DRAWING (see page 4)

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

U.S. EPA
AGENCY REGION II
00 MAY 18 PM 3:39
Hazardous Waste
PROGRAMS BRANCH

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 000632299

Company Name: Sun Chemical Corp.

Site Address: 500 Industrial Ave Teterboro
(street) (city / town)
NJ 07608
(state) (zip code) (lot) (block)

Mailing Address: _____
(street / p.o. box) (city / town)

(state) (zip code)

Company Contact: _____
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☐ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☒ Other Facility Closed. Current occupant does not
generate hazardous waste.

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Michael Mariano
(printed name)

[Signature]
(signature)

Senior Env. Engineer, NJDEP
(title)

4/24/00
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

Ad 1/R - 1N7 5/31/00

ENVIRON

May 25, 2011

Federal Express

Jack Hoyt
United States Environmental Protection Agency: Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, NY 10007-1866

Gen.
ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2011 MAY 27 PM 4:20

RCRA PROGRAMS
BRANCH

**Re: Former Sun Chemical Corporation, Kohl & Madden Division
500 Industrial Avenue, Teterboro, New Jersey
Request to Deactivate USEPA ID No. NJD000632299**

Dear Mr. Hoyt:

ENVIRON International Corp. (ENVIRON) is providing this letter on behalf of our client, Sun Chemical Corporation (Sun Chemical), to request the de-activation of the United States Environmental Protection Agency (USEPA) hazardous waste generator number (USEPA ID number) for the above-referenced facility, which was formerly owned and operated by Sun Chemical's Kohl & Madden (K&M) division. K&M ceased operations at the site in early 2006 and sold the property in early 2007. At the time K&M's operations ceased, the facility qualified as a conditionally exempt small quantity generator (CESQG) of hazardous waste and did not have an active USEPA ID number; however, K&M re-activated its USEPA ID number in order to dispose of a limited amount of hazardous waste generated in the course of New Jersey Industrial Site Recovery Act (ISRA) activities. ISRA activities are now substantially complete, and it is not expected that any wastes will be generated at this site by K&M in the future. Therefore, with this letter, Sun Chemical requests that the facility's USEPA ID number (NJD000632299) be deactivated. A completed RCRA Subtitle C Site Identification Form is enclosed. A similar request has also been submitted to the New Jersey Department of Environmental Protection.

Please do not hesitate to contact me at 973-286-4265 or trutledge@environcorp.com, if you have any questions. Thank you for your attention to this matter.

Sincerely,


Tavia Rutledge
Senior Manager

TR:Imc
21-14366B\PRIN_WP\32120.docxlv1

Enclosure

cc: Gary Andrzejewski – Sun Chemical Corporation
Erin Veder - ENVIRON

2011 MAY 27 PM 4:20

**SEND
COMPLETED
FORM TO:**The Appropriate
State or Regional
Office.United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number N J D 0 0 0 6 3 2 2 9 9		
3. Site Name	Name: Sun Chemical Corporation - Kohl & Madden Division (former name)		
4. Site Location Information	Street Address: 500 Industrial Avenue City, Town, or Village: Teterboro County: Bergen State: New Jersey Country: USA Zip Code: 07608		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 3 2 5 9 1 0 C. B. D. 		
7. Site Mailing Address	Street or P.O. Box: 500 Industrial Avenue City, Town, or Village: Teterboro State: NJ Country: USA Zip Code: 07608		
8. Site Contact Person	First Name: Gary MI: Last: Andrzejewski Title: Corporate Vice President Street or P.O. Box: 135 West Lake Street City, Town or Village: Northlake State: IL Country: USA Zip Code: 60164 Email: gary.andrzejewski@sunchemical.com Phone: 708-236-3713 Ext.: Fax: 708-284-5846		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: International Logistics and Export Service, Date Became Owner: 2008 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 500 Industrial Avenue City, Town, or Village: Teterboro Phone: State: New Jersey Country: USA Zip Code: 07608 B. Name of Site's Operator: unknown Date Became Operator: Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☐ N ☒**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) ☐
- f. Other (specify) ☐
- g. Other (specify) ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number NJD000632299

OMB#: 2050-0024; Expires 11/30/2011

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

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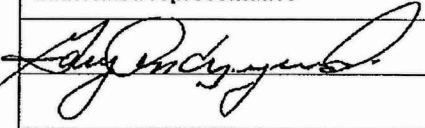
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12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

~~Kohl & Madden ceased operations at the property in early 2006 and sold the property in early 2007. This USEPA generator identification number was re-activated by Kohl & Madden, due to the generation of a limited amount of hazardous waste during environmental investigation and remediation activities completed pursuant to the New Jersey Industrial Site Recovery Act (ISRA). ISRA activities are substantially complete, and it is not expected that any additional wastes will be generated by Kohl & Madden at the site.~~

~~The site is no longer owned or occupied by Kohl & Madden or Sun Chemical Corp. Neither Sun Chemical Corp. nor Kohl & Madden have detailed information regarding the site occupant or operations currently conducted at the property.~~

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	GARY Andriyevski Corporate Vice President	5/24/2011